



**BAKER
STATUTORY DECLARATION
OF WORK EXPERIENCE**

ITA Customer Service
800 – 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge or Supervision and Sign-off Authority.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **8,100 hours** performing the tasks listed in Section D,
- experience performing at least **70%** of the job tasks listed in Section D, and
- valid **FOODSAFE Level 1 Certification (BC Program)** OR **equivalent** (see BCCDC for accepted equivalencies); (**attach copy of document**)

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:	Business Registration Number: (Self-Employment only)	
Mailing Address:	City:	
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of Baker Experience Accumulated in that Period:
Job Title of Applicant:	



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C. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, **indicate the steps you have taken to try to obtain it.** If sufficient evidence of steps taken is not provided, the application may not be approved.

D. Statutory Declaration of Job Task Performance

By checking the appropriate columns, indicate how frequently you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job tasks	Frequently	Occasionally	Never
A. OCCUPATIONAL SKILLS			
Practice personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice safe work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store and handle perishable products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice good housekeeping and clean work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handle and clean baking equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe baking materials, ingredients, scientific principles and terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost bakery products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply inventory control procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply principles of bakery merchandizing and retail sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe principle of production flow and layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Job tasks	Frequently	Occasionally	Never
Use health and nutritional information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Breads and Rolls			
Prepare and bake basic bread and rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake specialty breads and rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, process and bake artisan and sourdough breads and rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Sweet Yeast Products			
Prepare and bake sweet dough products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake Danish pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and deep fry yeast doughnuts, cake doughnuts and French crullers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake croissants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake specialty sweet fancy breads and rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Cookies			
Prepare and bake slices and squares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake various cookies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Cakes			
Prepare, bake and finish cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, bake and finish loaf cakes and quick breads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, bake and finish cheesecakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, bake and finish fruit and specialty cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Pies, Puff and Pastry Doughs			
Prepare and bake pie dough and products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic and quick puff paste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake sweet paste products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, bake, fill and glaze choux paste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake specialty pastry products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake savoury products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Assemble, Ice and Decorate Cakes, French Pastries and Petit Fours			
Prepare fillings, icings, creams, sauces, glazes and garnishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Job tasks	Frequently	Occasionally	Never
Cut, fill, mask, decorate and finish dessert and birthday cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare French pastries and petit fours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and decorate wedding cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, mould and decorate marzipan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Chocolate and Sugar Work			
Prepare and process chocolate in various applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and boil sugar for various applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fruit, Ice Cream and Specialty Desserts			
Prepare fruit desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare ice cream and specialty desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare mousses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare custards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and prepare plated desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Applicant Signature

I certify that the information I have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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Enter the applicant name (repeat on every page of this form)

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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by ITA to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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